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ABSTRACT

This study examined the contribution of cognitively-oriented adjunct treatments to assertive training. Unassertive university students (N=42) were randomly assigned within an analysis of covariance design with three levels of treatment (Cognitive Self-Statement Training (CSST), Attribution Training (AT), and Behavioral Rehearsal (BR]. Multiple measures across behavioral and cognitive domains were used to evaluate outcome. The major findings of this study suggest that a multimodal cognitive-adjunct treatment concerned with self-statements makes an effective contribution to traditional assertive training methods. Results were discussed in terms of models of assertive behavior. Treatment-related issues concerned with theory, modality, and content were also explored. (Author)

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Effects of Cognitive Adjunct Treatments on Assertiveness

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Effects of Cognitive Adjunct

Treatments on Assertiveness

Since assertive training was formally introduced, the number of publications in the area has increased dramatically. Derived largely from a behavioral framework, many studies have used variations of behavioral rehearsal, a therapeutic package consisting of response rehearsal, modeling, coaching, feedback, and reinforcement (McFall & Marston, 1970; McFall & Lillesand, 1971; McFall & Twentyman, 1973). The consistent and disappointing finding across many of these studies has been the failure to demonstrate maintenance and generalization of learning beyond the laboratory (e.g., McFall & Lillesand, 1971; Galassi, Galassi, & Litz, 1974; Rathus, 1973; Rich & Schroeder, 1976; Rimm, Hill, Brown, & Stuart, 1974). While a few exceptions have been reported, the findings are not strong. For example, Longin and Rooney (1975) reported maintenance of trained refusal behavior at posttreatment and at a 24-month followup. However the increases on untrained situations observed immediately after treatment failed to be maintained over time. Implications from this study are also attenuated in that effects were observed on hospitalized patients who had not been screened for assertive deficits. Results on these participants have questionable relevance to studies where assertion is problematic to participants. Another follow-up study (Galassi, Kosta, & Galassi, 1975), while discovering maintenance one year after training reported no evidence of generalization to untrained situations.

A factor possibly accounting for these results is insufficient focus on cognition. Although such an approach has been suggested (Lange & Jakubowski, 1976; Ludwig & Lazarus, 1972) little data has been reported.

Nevertheless, attention to cognitions would appear to hold potential, expecially in view of Thoresen and Mahoney's suggestion (1974) that generalization, maintenance, and self-control are enhanced when cognitive variables are included.

An important domain subsumed under a cognitive approach is a focus upon cognitive self-statements and irrational beliefs (Ellis, 1962; Beck, 1976; Meichenbaum, 1977). Ludwig and Lazarus (1972) based on the work of Ellis, suggested some of the irrational thoughts accompanying unassertiveness included self-criticism, perfectionistic self-demands, and a fear of hurting others. Dealing specifically with assertion, Schwartz and Gottman (1976) reported a task analysis of assertiveness across behavioral, cognitive, and physiological response systems. Included among their findings was evidence suggesting assertive and unassertive individuals are discriminated not by knowledge or skill of an assertive response, but rather by their ability to produce such responses under "real life" situations. Additionally, Schwartz and Gottman's data revealed that while participants high in assertiveness held a greater number of positive than negative self-statements, those who were unassertive did not differ in the number of positive and negative thoughts reported. These findings argue for a broader understanding of unassertive behavior by including such cognitive factors as a conflicting internal dialogue, rather than restricting explanations to a skill-deficit model. The present study continued to explore the relationship between self-statements and assertive behavior through observing the effects of self-statement treatment and the impact of such treatment on assertive behavior.

Attribution is another cognitive variable that is receiving attention in the literature (see Jones, Kanouse, Kelley, Nisbett, Valins, & Weiner, 1972; Mahoney, 1974; Rimm & Masters, 1974). In general, attributional processes seem to serve the need to impose order and make sense out of events (Kanouse & Hanson, 1972). Recently, research evidence has suggested that attributions may be altered (Dweck, 1976). As a behavior change method, videotape replay (Bailey & Sowder, 1970; Holzman, 1973; Storms, 1973; Wright & Fichten, 1976) has been successful in attribution change. For example, Alderfer and Lodahl (1971) and Kagan, Krawthwohl and Miller (1963) found participants more willing to accept personal responsibility for their attitudes and behaviors after viewing a video playback of their performance during interpersonal situations. In a controlled laboratory experiment, Storms (1973) demonstrated that although actors initially made situational attributions for their behavior, they assumed personal responsibility for their behavior after videotape self-observation. Thus, a visual reorientation permitted the actor to become the self-observer; corresponding changes in attribution accompanied this simple change in perspective. Based on the rationale developed by Storms, attributions were considered in this study to discover if the causal attributions of unassertive university students could be altered to become more dispositional and whether this change to more of a dispositional attribution would facilitate maintenance and generalization of assertive training.

An inconsistency across many assertive training studies has been lack of attention to the potential effects of demand characteristics operating in role-played assessments. Two recent studies have suggested the importance of task demands in assessing treatment effectiveness (Nietzel & Bernstein,

1976; Schwartz & Gottman, 1976). Consequently, the present study introduced high and low demand instructions for behavioral assessment in order to more clearly delineate the active change producing-agents.

The major purpose of this study was to examine the additive effects of two cognitive-adjunct treatments to behavioral rehearsal. Inclusion of a no-treatment control in the present study was considered unnecessary and redundant (see McFall & Lillesand, 1971). Thus the Behavioral Rehearsal group constituted the "control" relative to conditions receiving cognitive-adjunct procedures. In a one-way analysis of covariance design, three levels of treatment (Cognitive Self-Statement Training, Attribution Training, and Behavioral Rehearsal) were examined. Data were analyzed at pre- and post-treatment as well as at a 6-week follow-up and a 13-week telephone assessment. The study addressed the following questions: (a) Would cognitive adjunct procedures facilitate maintenance and generalization of assertive responses? (b) Would the role-playing task demands effect assertive performance? and (c) Would the self-statement cognitive group be more or less effective than the attributional cognitive group?

Method

Participants

Forty-two undergraduates (10 males, 32 females) from the University of Western Ontario introductory psychology and guidance courses participated in the study. Selection criteria were adopted from McFall and Lillesand (1971) who used the Conflict Resolution Inventory (CRI) to discriminate assertive from nonassertive students. The CRI is a paper-and-pencil measure of specific responses to unreasonable requests. Inclusion criteria were: (a) a self-rating of having a "significant problem" saying "no" to unreasonable

requests (a rating of 60 or above on a 100-point scale); (b) expressing an interest in participating in a study to learn to refuse unreasonable requests; and (c) earning a higher numerical "nonassertive" than "assertive" score on the CRI.

Students meeting the criteria were randomly assigned to groups with at least two males in each group. This yielded 14 participants in each of three groups: (a) Behavioral Rehearsal (BR) plus Cognitive Self-Statement Training (CSST), (b) BR plus Attribution Training (AT). (c) BR plus BR. In addition, students in each treatment group were randomly assigned to either High Demand or Low Demand during behavioral assessment. Such assignment yielded seven participants (at least one male per group) in each of six Demand X Treatment groups for behavioral analysis.

Treatments

All participants received two training sessions. During the first session, all received identical BR procedures. The second treatment session constituted either a cognitive adjunct treatment or a second session of BR. Training stimuli used during BR procedures were selected from the pool of situations developed by McFall and Lillesand (1971). The counselor used in the cognitive-adjunct treatments was a male doctoral student in counseling psychology, who was naive to experimental hypotheses. Prior to the study, he completed Carkhuff's (1969) Index of Communication and was judged to be functioning at an appropriate level (above Level 3) based on Carkhuff's Empathy Scale (1969). His experimental training lasted for three hours wherein he read descriptions of both treatments and role-played procedures until his behavior was judged congruent with the procedures of the study. All treatments consisted of the same stimulus material and were individually administered.

Behavioral rehearsal (BR). The method of McFall and Lillesand (1971) was used, but their covert rehearsal and response feedback components were not of interest in this study, and hence were omitted. The audiotaped format consisted of response rehearsal, modeling, and instructions.

Prior to commencing Session 1, students completed written and role-played assessments. Session 1 was 30 minutes, with all participants progressing at the same rate and receiving the same 10 hypothetical situations (including 4 situations from the Behavioral Role-Play Test) in the same predetermined order. Specifically, the training sequence for each audiotaped situation was as follows. A male narrator read a situation involving an unreasonable request; the student verbally responded; the student heard the prerecorded verbal responses of one male and one female model to the same situation; and based on the models' responses, the narrator coached the participant as to what constituted assertive behavior in the situation. The situation was then repeated, and the student again responded.

During Session 2, the BR adjunct group repeated the BR procedures with an additional 5 situations that the other adjunct groups were using.

Cognitive self-statement training (CSST). Procedures in this adjunct treatment were designed to make students (a) aware of their particular self-statements occurring when unreasonable requests are made; (b) to question the rationality of these thoughts and their relationship to their responses; and (c) training in deliberately emitting positive self-statements that would facilitate assertiveness.

The session involved two major components. The first was a 10-minute interaction with a trained counselor reviewing aspects of the Cognitive Self-Statement Handbook (Derry, 1977) which students had read prior to the session.

The counselor emphasized that a major component of unassertiveness was the thoughts occurring when unreasonable requests were made. The following points were stressed: (a) the nature of the student's specific self-statements; (b) the range of situations where many of the same self-statements were used; (c) the irrational and self-defeating nature of these thoughts; and (d) the behavioral and emotional resultants of various kinds of self-statements.

The second component, similar to the BR format, involved 30 minutes of prerecorded audiotaped procedures where participants rehearsed self-statements and assertive responses, and were exposed to modeled responses with coping and mastery self-statements (Meichenbaum, 1975).

Attribution training (AT). Procedures consisted of interactions with a trained female antagonist who persisted in each of 5 unreasonable requests until the student either acquiesced or could refuse 3 times. The 5 situations and requests were the same as used in the other BR and CSST adjunct treatments, but the use of audiotape and manual and emphasis on self-statements and modeled responses were omitted and replaced with videotape playback. That is, immediately after each antagonist-presented request, the student and counselor viewed a videotape of the student's responses.

Specific procedures were as follows. The counselor provided an overview of the session, and introduced the student to the antagonist. The counselor then left the experimental room. The participant's response to the antagonist's demand was videotaped and played back, with no comment, to the student and counselor. During the playback, the antagonist waited in an adjacent room. After viewing, the counselor used a standard set of attribution-cueing questions about each student's performance. For example,

he would say, "You seemed to find it easy to refuse the request. Do you feel this was caused more by the situation you find yourself in, or to be caused more by your own personal characteristics?" The counselor accepted the student's responses to these questions without comment. The intent of such questions was merely to prompt participants to consider where they attributed the source of their behavior. The same procedure was followed for each of 5 antagonist-presented situations lasting 40 minutes.

Procedure

Each participant completed the dependent measures prior to Session 1. All sessions took place in an experimental room containing chairs and a table with a microphone and speaker on it. During AT there was also a closed-circuit TV monitor in the room. Recording and stimulus equipment were in an adjacent room. The experimenter, a male, was in the adjoining room and could observe through a one-way mirror. For Session 1, the participant was seated, and it was explained that an audiotape would contain full instructions regarding the procedure. The recording microphone was in full view of the participant, who was informed his/her responses would be recorded, and that responses would be confidential.

Upon completion of Session 1, participants assigned to CSST groups were given the Handbook and asked to read it in preparation for their next session.

During Session 2, participants received their randomly assigned adjunct treatment condition. At its termination, they were asked to complete the dependent measures. The follow-up assessment, which occurred 6 weeks after the second treatment session, consisted of completing the same assessment measures. Thirteen weeks after the final treatment session, participants

were involved in a telephone assessment.

Measures

Multiple dependent measures were used to assess changes in a number of cognitive and behavioral areas. All were administered at each of the three assessment phases except the Assertive Self-Statement Test (ASST) which was only completed at posttreatment and followup.

Self-report. The CRI (McFall & Lillesand, 1971) is a 35-item assertiveness inventory assessing the self-reported ability to refuse unreasonable requests. Students responded to each item along a 5-point continuum ranging from A ("I would refuse and would not feel comfortable about doing so") to E ("I would not refuse because it seems to be a reasonable request"). Responses were scored either assertive or unassertive according to criteria developed by McFall and Lillesand (1971).

Locus of control was assessed using the Adult Nowicki-Strickland Internal-External Scale (ANS-IE; Nowicki & Duke, Note 1). It compares favorably to Rotter's (1966) scale in predicting behavior, but appears to be less confounded by social desirability (Nowicki & Duke, Note 1). The ANS-IE consisted of 40 items to which the respondent indicated "yes" or "no".

The Irrational Beliefs Test (IBT) (Jones, Note 2) was developed as a factored measure of Ellis' irrational beliefs. The IBT is a 100-item questionnaire where the student responds to each statement (e.g., "I want everyone to like me") along a 5-point scale ranging from "strongly disagree" to "strongly agree." Responses were scored according to weights derived by Jones (Note 2).

The Assertive Self-Statement Test (ASST) was developed by Schwartz and Gottman (1976) and is comprised of 34 Likert-type items asking how often

various positive and negative self-statements occur to the respondent. The ASST asked for a rating from 1 (hardly ever) to 5 (very often) of how frequent each self-statement occured. Half of the randomly ordered items were written as positive self-statements, the remainder as negative self-statements. Hence, the positive self-statement score was the total of the numerical endorsements for positive items; the negative self-statement score was obtained in similar fashion.

Behavioral. For the behavioral measures only (BRT,EIT), Demand instructions were introduced. Those in the High Demand condition were instructed to "respond as assertively as you possibly can, using the words the most assertive person might use," whereas Low Demand instructions were to "respond to the situation using the words you think you would use if the situation were actually happening to you." Identical instructions for each demand condition accompanied only the BRT and EIT at each assessment phase.

The Behavioral Role-Playing Assessment Task (BRT), again developed by McFall and Lillesand (1971), yields a sample of verbal behavior in response to standardized unreasonable requests. The BRT contained 9 stimulus situations: 4 were used as training stimuli during Session 1, and 4 were untrained. The ninth item was an untrained nonrefusal situation, where respondents had to express their rights by hypothetically holding someone to his/her promise. Thus the untrained and the novel BRT items were measures of generalization of learning. To illustrate, the following item is offered:

NARRATOR: A person you do not know very well is going home for the weekend. He or she has some books which are due at the library, and asks if you would take them back so they won't be overdue. From where you live it is a 20-minute walk to the library, the books are heavy and you hadn't planned on going near the library that weekend. What would you say?

Participants' tape recorded responses were transcribed onto typewritten sheets. These were scored by two trained judges on a 5-point scale ranging from 1 (unqualified acceptance) to 5 (unqualified refusal).

The Extended Interaction Task (EIT) (McFall & Lillesand, 1971) was an extended interaction with an audiotaped male antagonist who persisted in the same request a maximum of 5 times, and was scored as the number of refusals made by the student. Audiotaped responses were transcribed onto typewritten protocols and scored by the same judges as were used for the BRT. Ratings on a 5-point general dimension of assertiveness ranged from 1 (unqualified nonassertive) to 5 (unqualified assertive).

Ratings. Raters were two female doctoral students in counseling psychology, naive as to the purpose of the study. Raters received extensive training and practice. Interrater reliability was .98 for BRT and .95 for EIT based on 15 randomly selected protocols for each measure.

Follow-up. A long-term, follow-up telephone assessment was made 13 weeks after the final treatment session. The caller, naive to the purpose of the experiment, was a trained female with telephone market survey experience. Participants had no prior knowledge such a call would be made. They were requested to volunteer 15 hours during the final examination period to assist in the student council elections. The caller followed a rehearsed script, and upon each refusal, escalated her demands to make a possible total of 4 requests. At the end of the call, students were debriefed. The frequency of refusals constituted the measure.

Results

Data Analyses

Using a 3 (Treatment) X 2 (Demand) analysis of variance with mean scores

for commonly scored protocols, pretreatment differences were observed on the BRT and EIT measures. Here, High Demand instructions produced significantly higher assertive ratings than Low Demand instructions (F (1,36) = 3.88, $p < .05$). One-way analyses of self-report questionnaire data revealed no significant difference existed prior to treatment. One-way analyses of covariance of posttreatment and follow-up performance were made for the dependent measures administered prior to treatment using pretreatment scores as covariates with analysis of variance procedures being used with the ASST measure. Post hoc comparisons (Newman Keuls) were used to examine significant effects. Descriptive data for each group by assessment phase is presented in Table 1 for behavioral measures and in Table 2 for self-report measures.

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Insert Table 1 about here

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Treatment Outcome

Behavioral. Posttreatment behavioral measures were analyzed using the BRT average refusal rating, ratings on trained and untrained items, and the final novel item rating. Since Demand effects the covariate (pretest) during behavioral assessment, the behavioral analysis will require the separate examination of treatment effects under each demand condition. The consistent finding on these ratings was masking of treatment effects under conditions of High Demand: for each of the four BRT indices, no significant main effects were noted. Clear treatment difference under Low Demand instructions revealed the superiority of CSST procedures. On the average of the refusal ratings, a significant Treatment effect ($F(2,17) = 7.47$, $p < .005$) was revealed. An inspection of adjusted means revealed that participants in CSST and BR groups

were rated as more assertive than students in AT ($p < .05$). Whereas analysis of ratings on trained items failed to achieve significance, a significant main effect was obtained on untrained item ratings (F (2,17) = 4.92, $p < .02$), with post hoc comparisons indicated that not only were CSST ratings more assertive than the other groups ($p < .05$), but also that BR students were more assertive than those in AT ($p < .05$). Finally, the ratings on the novel generalization item achieved a significant effect (F (2,17) = 3.62, $p < .05$), with CSST students being significantly more assertive than those in BR ($p < .05$). Analysis of EIT ratings revealed no significant differences.

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Insert Table 2 about here

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Questionnaire. Analyses on posttreatment questionnaire data revealed that significant effects were observed on the ASST. As the ASST was not a pretreatment measure, it was analyzed using a one-way analysis of variance. Specifically, there was noted a significant Treatment main effect for negative self-statements (F (2,36) = 4.18, $p < .02$). Post hoc comparisons revealed that the CSST group endorsed fewer negative statements than either group and significantly fewer than the BR group ($p < .05$).

Other self-report measures covering locus of control, irrational beliefs, and assertiveness did not yield any significant findings. Descriptively, the CSST treatment was associated with fewer irrational beliefs, an internal orientation, and increased self-reported assertiveness.

Follow-Up Analyses

Behavioral. As at posttreatment, treatment effects were not revealed under High Demand. Results on the BRT under Low Demand instructions revealed

significant main effects for all four indices. Post hoc comparisons revealed the CSST condition consistently most assertive. Specifically, analyses revealed a significant Treatment main effect (F (2,17) = 5.53, p < .02) for the average of the refusal ratings, with the CSST group more assertive than the BR group (p < .05). A significant effect for trained items (F (2.17) = 4.14, p < .04) revealed CSST participants were significantly more assertive than those in AT (p < .05). Similarly, analysis of untrained item ratings revealed a significant main effect (F (2,17) = 4.90, p < .02) with CSST students more assertive than BR students (p < .05). An identical pattern of superiority for CSST compared to BR (p < .05) was found when a significant main effect for the untrained generalization item was analyzed (F (2,17) = 4.32, p < .03).

As was the case at posttreatment, analysis of follow-up EIT refusals revealed no statistically significant differences.

Questionnaire. Self-report data revealed the following significant differences. A significant Treatment effect (F (2,38) = 8.05, p < .001) on CRI assertive scores was further examined and it was revealed that the CSST group reported to be more assertive than the other two groups (p < .05). In support of this was the significant main effect for nonassertive scores (F (2,38) = 8.42, p < .001); post hoc analyses of these data revealed both cognitive adjunct treatment groups were more assertive than the BR group (p < .05).

A one-way analysis of variance on ASST scores revealed a pattern identical to that observed at posttreatment. For ASST negative self-statements, a post hoc investigation of a significant Treatment effect (F (2,36) = 5.61, p < .008) revealed CSST students experienced fewer negative thoughts than

those in BR conditions ($p < .05$). Moreover, CSST participants had a tendency to endorse fewer irrational beliefs and display a more internal orientation.

Telephone results. Seven weeks after the follow-up, a telephone assessment was made. The dependent variable was the number of refusals made by that participant. Of the 35 (83%) who were reached, (a) 4 acquiesced upon the first request; (b) one agreed after the second request; and (c) 30 refused the maximum of 4 times. An analysis of variance revealed no significant differences.

Discussion

In terms of the initial questions, the results indicate that the CSST was the only group associated with maintenance and generalization of assertive responses and that high instructional demands appear to facilitate performance.

Demand. This factor facilitated performance. On behavioral measures, instructions to respond assertively led to significantly higher refusal ratings than instructions to respond "normally" during the pretreatment evaluation. Moreover, High Demand continued to facilitate performance and minimized treatment differences on posttreatment evaluations.

These findings parallel those of Nietzel and Bernstein (1976). "Unassertive" individuals can behave more assertively. Furthermore, these data support the conclusions of Schwartz and Gottman (1976). It seems unassertive behavior, at least for college students, is not solely accounted for by a skills-deficit model, for unassertive students appear to have the knowledge and skills to perform assertively. This lends credence to an expanded explanation of unassertiveness, where cognitions may inhibit college students' performance of assertive behavior. It appears an inhibition model of

unassertiveness is more appropriate for a college student population.

Assertiveness. Since High Demand minimized treatment effects, all the behavioral effects discussed concern those revealed under Low Demand. The CSST facilitated assertiveness immediately after treatment. On the BRT, the CSST was more assertive than the other groups and superior to the Attribution group. But it was the follow-up BRT results that demonstrated the clear superiority of the cognitive treatment (CSST) in comparison to the behavioral treatment (BR).

Several indices of behavioral generalization were available. Overall, cognitive treatment (CSST) effects generalized to untrained and novel situations, with CSST being associated with higher assertive ratings than behavioral treatment (BR). Maintenance of learning was also demonstrated. Increases in assertive responses to role-playing requests were evident for participants in the cognitive treatment (CSST) at follow-up. Even though these behavioral effects are restricted to the Low Demand condition, it appears that such a demand condition simulates more appropriately the students' environments. Thus such effects may be of therapeutic importance.

On the self-report measure (CRI), the CSST participants described themselves as more assertive than the Behavioral and Attribution groups with CSST scores reflecting the more assertive description.

The EIT and telephone assessment measures did not appear particularly sensitive in this study and may reflect ceiling effects.

Cognitive measures. Few studies have examined assertive training as it affects locus of control. Scores in this study suggested a tendency for cognitive adjunct treatment participants to perceive a greater internal locus of control orientation, and of the two, CSST students were more internal.

One purpose of the present study was to assess the impact of attributions on assertive behavior. Indeed training procedures were developed to modify attributions. There was a lack of strong findings to suggest this occurred. Thus attribution training procedures were not effective and/or the measurement of attributions, used in this study, was not sufficiently sensitive.

In terms of other cognitive variables, CSST, compared to those receiving strictly behavioral training reported more positive self-statements, fewer negative self-statements, and a tendency to endorse fewer irrational beliefs. These results were maintained at follow-up.

Limitations and Implications

Generalizations from 2 sessions of assertive training with confounding of treatment components (e.g., booklet, videotape, audiotape, counselor, etc.) and treatment content (e.g., self-statements, attributions, and behavioral responses) must be cautious. The following tentative conclusions appear relevant: First, demand instructions influenced performance. It would appear necessary for researchers to be cognizant of such influences. It may be that demand manipulations may discriminate different types of deficits (inhibition, skill, etc.) and suggest treatment alternatives. Moreover, the Low Demand condition may be the more appropriate condition in which to evaluate treatment efficacy.

Restricting our discussion to the assumed relevance of the Low Demand condition, it would seem a purely behavioral approach generates gains which are unlikely to transfer to untrained situations or to be maintained over time. The major finding of this study suggests that an added multimodal focus on self-statements seems to hold promise, tending to enhance, maintain, and generalize gains made in response to a behavioral approach. Moreover,

such gains appear to occur across behavioral and cognitive domains.

Thirdly, it would appear necessary to supplement our learning-deficit model of assertive behavior and include treatment methods oriented toward inhibitory and motivational factors. The present study suggests that the problem of unassertive university students may not be "knowing" how to be assertive, but how to get themselves to be assertive.

Finally, it is important to remember the relationship of theory and derived treatments. In a cognitive-learning approach, there are alternative conceptualizations of cognitive processes as they relate to learning and counseling (e.g., Beck, 1976, Ellis, 1962; Meichenbaum, 1977; Spivak & Shure, 1974). However, empirical validation of the derived treatment of any conceptual model does not necessarily validate the theory. Thus further work is required to understand the functional role of cognitions in the helping process and the appropriate constructs to use in facilitating such understanding.

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TABLE I

Adjusted Means for Each Group on Behavioral Measures

Measure	Group					
	Behavioral		Self-Statement		Attribution	
	High Demand	Low Demand	High Demand	Low Demand	High Demand	Low Demand
Behavioral Role Playing Test (BRT)						
Average Score						
Post	4.7	4.5	4.8	4.9	4.7	3.7
Follow-up	4.1	3.7	4.9	4.7	4.7	4.0
Trained						
Post	4.8	4.7	4.8	4.8	4.8	3.9
Follow-up	4.3	4.2	5.0	4.8	4.6	3.8
Untrained						
Post	4.7	4.4	4.9	5.0	4.6	3.8
Follow-up	4.1	3.5	4.9	4.8	4.8	3.9
General Item						
Post	3.4	3.8	4.3	4.7	4.5	3.8
Follow-up	3.9	2.8	4.2	4.9	4.3	3.8
Extended Interaction Test (EIT)						
Post	5.0	4.0	5.0	4.8	5.0	4.0
Follow-up	4.3	4.0	5.0	4.9	5.0	3.9

TABLE 2

Adjusted Means for Each Group on Questionnaire Measures

Measure	Behavioral	Group Self-Statement	Attribution
Conflict Resolution Inventory (CRI)			
Assertive Score			
Post	20.0	24.1	20.0
Follow-up	18.4	27.4	20.7
Nonassertive Score			
Post	10.4	6.5	10.5
Follow-up	11.3	3.7	9.3
ANS-IE			
Post	10.2	8.7	9.2
Follow-up	8.93	7.9	13.3
Irrational Beliefs Test (IBT)			
Post	5.6	5.4	5.9
Follow-up	5.3	4.8	5.6
Assertive Self-Statement Test (ASST)[a]			
Positive Self Statements			
Post	48.9	50.3	47.5
Follow-up	43.3	51.9	46.5
Negative Self Statements			
Post	53.8	47.7	50.2
Follow-up	49.8	42.5	46.1

Note: Unadjusted data.